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TOTAL AMOUNT OF PA	MENT (\$) 45	5 ,	Attorney Docke	et No. PT-	035		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
1. BASIC FILING, SEA	FILING		SEARC	H FEES Small Entity		TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Fee (\$) Fee (\$) Fee 200 10								
Total Claims	ependent Claims							
- 20 or HP =						Fee (\$)	Fee Paid (\$)	
HP = highest number of tota Indep. Claims - 3 or HP =	Extra Clair	ns <u>Fee (</u>		aid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 LLS C 41(a)(1)(G) and 37 CFR 1.16(c)								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees								
Other (e.g., late filing surcharge): Request for Continued Examination and Extension of Time 455						455		

SUBMITTED BY			
Signature	122	Registration No. (Attorney/Agent) 54,763	Telephone (908) 277-3333
Name (Print/Type)	James L Lynch		Date 6/17/2h

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